



SOCIAL SECURITY NUMBER AFFIDAVIT

State Form 52012 (1-05)

Indiana Dept. of Natural Resources
IndianaOutdoor Licensing System
402 West Washington Street
Room W160
Indianapolis, IN 46204

State of Indiana
County of _____

I, _____, ("Affiant") *Hereby State Under*
Print name

Penalty of Perjury as Follows:

That my name is: _____

That my address is: _____

That I, _____, have never been issued a Social Security Number at any time.
Print name

I understand that both § 466(a)(13) of the federal Social Security Act [42 U.S. C. 666(A)(13)] and Indiana Code § 14-22-11-3 require that I provide a Social Security Number on my application for any license that I wish to obtain from the State of Indiana and that I am unable to provide a Social Security Number because such a number has never been issued to me.

**I SWEAR OR AFFIRM THAT ALL THE INFORMATION I HAVE ENTERED ON THIS FORM IS CORRECT.
I UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY.**

Signature of Affiant

Date signed (month, day, year)